



Saskatchewan Lacrosse Association



2015 TEAM SASK MANAGER APPLICATION

FIRST NAME:		LAST NAME:	
ASSOCIATION:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBER:		CELL NUMBER:	
APPLYING FOR BOX OF FIELD:		DIVISION:	

HAVE YOU MANAGED A PROVINCIAL TEAM BEFORE? _____ IF YES WHICH TEAM/TEAMS AND HOW MANY YEARS:

Team	Years Managed





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TOTAL NUMBER OF YEARS MANAGED: _____. PLEASE OUTLINE BELOW.

TEAM	AGE	ORGANIZATION	YEARS COACHED

Please submit to the Saskatchewan Lacrosse Association Provincial Office before **February 15th, 2015** along with Managing Resume. As per SLA Policy all successful applicants must pass a criminal record check. **Please note all Managers are to be in attendance at the Try Out camps which will take place April 25th, 2015 in Moose Jaw and April 26th, 2015 in Saskatoon.**

MANAGERS NAME (PRINT)

MANAGERS SIGNATURE

DATE

